

Name of Person Filing Document: (1) \_\_\_\_\_  
 Your Address: \_\_\_\_\_  
 Your City, State, Zipcode: \_\_\_\_\_  
 Your Home Phone Number: \_\_\_\_\_  
 Your Daytime Phone Number: \_\_\_\_\_  
 Representing: (2) \_\_\_\_\_  
 Attorney Bar Number (if applicable): (3) \_\_\_\_\_  
 ATLAS Number (if applicable): (4) \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA  
 COUNTY OF MARICOPA**

\_\_\_\_\_, (5)

Petitioner,

and

\_\_\_\_\_, (6)

Respondent

Case Number: \_\_\_\_\_ (7)

**OBJECTION TO EXPEDITED  
 SERVICES REPORT, RECOMMENDATION  
 AND ORDER RE: (8)**

- ☐ **CHILD SUPPORT ESTABLISHMENT**  
☐ **CHILD SUPPORT MODIFICATION**  
☐ **STOP/MODIFY ORDER OF ASSIGNMENT**

**ENFORCEMENT OF:**

- ☐ **CHILD SUPPORT**  
☐ **SPOUSAL MAINTENANCE**  
☐ **PARENTING TIME**  
☐ **MEDICAL INSURANCE COVERAGE**  
☐ **UNINSURED MEDICAL & DENTAL EXPENSES**

I, (9) \_\_\_\_\_, object to the Expedited Services Report,

Recommendation and Order entered on the (10) \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, by this

Court. The Objection is based upon the following: (11)

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(12) CASE NUMBER \_\_\_\_\_

Proposed solution to Objection is the following: (13) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FURTHER**, I request the Court to review my objection.

- (14) ☐ I request the court to schedule a hearing.  
☐ I do not request the court to schedule a hearing. (I understand that the Court will consider my objection without a formal hearing.)

**RESPECTFULLY SUBMITTED** this (15) \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
**(16) Signature**

After filing the **ORIGINAL** Objection with the Clerk of the Superior Court, I have immediately provided a **COPY** of the Objection to:

(17) Expedited Services by ☐ mail ☐ fax ☐ hand delivery at:

☐ 201 W. Jefferson St., 3<sup>rd</sup> floor  
Phoenix, AZ 85003  
Fax: (602) 506 – 571

☐ 222 E. Javelina, 1<sup>st</sup> floor  
Mesa, AZ 85210  
Fax: (602) 506 – 3272

☐ 18380 N. 40<sup>th</sup> Street  
Phoenix, AZ 85032  
Fax (602)372-7918

☐ 14264 W. Tierra Buena Lane  
Surprise, AZ 85374  
Fax (602)372-9440

(18) The Honorable: \_\_\_\_\_ by ☐ mail ☐ fax ☐ hand delivery

☐ 201 W. Jefferson St., Suite \_\_\_\_\_  
Phoenix, AZ 8500  
Fax: (602) 506 - 5711

☐ 222 E. Javelina, 1<sup>st</sup> floor Suite \_\_\_\_\_  
Mesa, AZ 85210  
Fax: (602) 506 – 3272

☐ 18380 N. 40<sup>th</sup> Street , Suite \_\_\_\_\_  
Phoenix, AZ 85032  
Fax (602)372-7918

☐ 14264 W. Tierra Buena Lane, Suite \_\_\_\_\_  
Surprise, AZ 85374  
Fax (602)372-9440

(19) Name of other party \_\_\_\_\_ by ☐ mail ☐ fax ☐ hand delivery

Address of other party: \_\_\_\_\_  
\_\_\_\_\_



**INSTRUCTIONS TO COMPLETE OBJECTION TO EXPEDITED SERVICES REPORT, RECOMMENDATION AND ORDER**

**This form is to be used only during the objection period immediately following the conference and only for issues addressed during the conference.**

**Match the numbered instructions to the numbers on the Objection To Expedited Services Report, Recommendation and Order. TYPE OR PRINT. USE BLACK INK.**

1. **YOUR** name, address, home phone number and **DAYTIME** phone number. Your daytime phone number is the number where you can be reached Monday through Friday from 8:00 a.m. to 5:00 p.m. or where a message may be left for you. If your daytime phone number is the same as your home phone number, enter your home phone as your daytime phone number.
2. If you **HAVE NOT** obtained the services of an attorney, write the words "**Representing Self**". If you **HAVE** obtained the services of an attorney, the attorney must enter your name and complete the objection form.
3. If you have obtained the services of an attorney, the attorney must provide his or her State Bar number.
4. ATLAS case number located on the Expedited Services Report, Recommendation and Order next to the case number. If there is no ATLAS case number, leave blank.
5. Name of the person listed as the Petitioner on the Expedited Services Report, Recommendation and Order.
6. Name of the person listed as the Respondent on the Expedited Services Report, Recommendation and Order.
7. Maricopa County case number listed on the Expedited Services Report, Recommendation and Order.
8. Mark the box(es) which indicate the issues contained in the Expedited Services Report, Recommendation and Order to which you are objecting.
9. Your name.
10. Date that the Court signed the Expedited Services Report, Recommendation and Order.
11. Briefly explain why you are objecting to the Expedited Services Report, Recommendation and Order. Your objection must be based upon the contents of the report.
12. Maricopa County case number listed on the Expedited Services Report, Recommendation and Order.
13. Briefly explain your proposed solution to your objection.
14. Check the box which indicates:  
If you are requesting a hearing or  
If you do not request a hearing.
15. Current date.

Case No. \_\_\_\_\_

16. Your signature
17. Check the box, which indicates the Expedited Services office location to which you provided a copy of your Objection, and how you provided a copy of your Objection.
18. Name and location of the Judge/Commissioner who signed the Expedited Services Report, Recommendation and Order to which you are objecting. Check the box which indicates how you provided a copy of your Objection to the Judge/Commissioner.
19. Name and address of the other party. Check the box which indicates how you provided a copy of your Objection to the other party.